



## Iowa Plumbing & Mechanical Systems Board

### Application for Continuing Education Instructor Approval

#### Part 1. Instructor Contact Information.

Name:		
Address One:		
Address Two:		
City:	State:	Zip Code:
Telephone:	Email Address:	

#### Part 2. Sponsoring Organization Information.

Please list the name of the business or institution you will be instructing for or write "self-employed" if there is no sponsoring organization.

Sponsor Business Name:		
Sponsor Contact Name, if different:		
Address One:		
Address Two:		
City:	State	Zip Code:
Telephone:	Email Address:	
Who should be contacted if there are questions about this application? <input type="radio"/> Sponsor <input type="radio"/> Instructor		

#### Part 3. Course Categories Requested.

Mark all categories you are seeking to provide instruction.

<input type="radio"/> <b>Safety</b> (Ex: Iowa Occupational Safety & Health Act, First Aid, CPR, AED Training)
<input type="radio"/> <b>State of Iowa Plumbing Code</b>
<input type="radio"/> <b>State of Iowa Mechanical Code</b>
<input type="radio"/> <b>Trade Discipline(s):</b> <input type="radio"/> <b>Plumbing</b> <input type="radio"/> <b>HVAC/R</b> <input type="radio"/> <b>Hydronics</b> <input type="radio"/> <b>Sheet Metal</b> <input type="radio"/> <b>Mechanical</b>

#### For Office Use Only

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Reviewed By: Date Reviewed:	Processed By:
Instructor Number:	Issue Date:	Expiration Date:
Notes:		

**Part 4. Instructor Qualifications.** Indicate the instructor qualifications for each category(ies) you are seeking to provide instruction. Instructor experience may be verified by letters from educational institutions, state, city, or county entities requiring such instruction, or other groups directly associated with knowledge of the applicable subject matter.

- ☐ **Safety.** Instructor must meet one of the following:
- ☐ **Current Iowa OSHA 500, 501, 502, or 503 card or completion certificate (Attach copies)**
  - ☐ **Current train-the-trainer or instructor card or other certification (Attach copies)**
  - ☐ **Safety-related degree or diploma issued by (Attach copies & check one):**
    - ☐ **American Heart Association** ☐ **American Red Cross** ☐ **National Safety Council**
    - ☐ **Board of Certified Safety Professionals** ☐ **Other:** \_\_\_\_\_
- ☐ **Code (plumbing or mechanical).** Instructor must meet one of the following:
- ☐ **Board-issued Journey/Master license in discipline (Attach copies)**
  - ☐ **Current license as a professional engineer under Iowa Code chapter 542B (Attach copies)**
  - ☐ **Evidence of having taught at least 8 contact hours in the applicable Code within the past 3 years (Attach proof)**
  - ☐ **Current certification as an inspector or plans examiner in the discipline – ICC/IAPMO certifications from specific code body (Attach copy of certification)**
  - ☐ **Other equivalent specialized education or training, specify:** \_\_\_\_\_ **(Attach proof)**
- ☐ **Trade Discipline(s).** Instructor must meet one of the following:
- ☐ **Board-issued Journey/Master license in discipline (Attach copies)**
  - ☐ **Current license as a professional engineer under Iowa Code chapter 542B (Attach copies)**
  - ☐ **Evidence of employment as a product representative with manufacturer training (Attach copy of a signed letter from a 3<sup>rd</sup> party on their letterhead)**
  - ☐ **Evidence of having taught at least 8 contact hours in the applicable discipline within the past 3 years (Attach proof)**
  - ☐ **Other equivalent specialized education or training, specify:** \_\_\_\_\_ **(Attach proof)**

**Part 5. Attestation & Signature.** Form must be signed to be considered for approval.

I hereby certify that the information submitted on this application and any supporting documentation is true and correct. If an instructor approval is granted to me, I understand such qualification is only valid for three years and must be renewed to remain valid. If my instructor qualifications change, I agree to notify the board and understand it may affect my authorization to teach board-approved courses.

I also understand that all courses I instruct must be prior-approved by the board for participants to claim continuing education credit toward renewal of an Iowa plumbing or mechanical license. Course approval is also valid only for a three-year period.

I hereby agree to abide by all board rules related to continuing education contained in Iowa Administrative Code 641—Chapter 30.

Printed Name: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form to: Iowa Dept. of Public Health – PMSB; 321 E. 12<sup>th</sup> St, Des Moines, IA 50319-0075